
From: Szelag, Matthew
Sent: Monday, December 07, 2015 3:59 PM
To: Tabor, Brock N (DEC)
Cc: Sonafrank, Nancy B (DEC)
Subject: RE: Relative Source Contribution Question
Attachments: 2017 triennial _recommendations.pdf

Hi Brock,

I've done some coordination with HQ and Region 6 and here's what we've come up with:

The 2000 HH Methodology discusses derivation of HHC for children ages 1-13, but we have not developed national child-specific HHC. Any state wishing to do so would have to justify that its approach is scientifically-defensible and protective of the use. With respect to the RSC, EPA's guidance to consider data on alternative exposure routes would be the same even when using child-specific values. The appropriate RSC would depend on the chemical, when the critical effect occurs within a lifetime, and whether it is continuous or limited in duration. Re: your specific questions about Texas, it looks like they developed child-specific HHC for noncarcinogens, using childhood exposure factors from EPA's 1997 guidance. EPA R6 recently sent a letter to Texas asking the state to consider EPA's updated HHC recommendations and exposure factors, as well as use of the RSC. I've attached that letter.

Hope this helps and let's plan to discuss more when you have time. Thanks,

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From: Tabor, Brock N (DEC) [mailto:brock.tabor@alaska.gov]
Sent: Wednesday, December 02, 2015 1:05 PM
To: Szelag, Matthew
Cc: Sonafrank, Nancy B (DEC)
Subject: Relative Source Contribution Question

Matt,

Hope you had a good Thanksgiving and have been able to avoid the shopping madness that comes from urban living.

Since it appears that you have become our default EPA go-to person on HHC issues, I have a potentially challenging question:

Texas revised its HHC in 2011 and chose to use childhood exposure values rather than adult exposure values. These include a body weight of 15 kilograms, a water consumption rate of 0.64 liters/day and a fish consumption rate of 5.6 grams/day. What is interesting is that they chose NOT to use an RSC because that childhood values would represent a more scientific approach and use of childhood exposure and default 0.20 for noncarcinogens would be overly conservative- their (Tx) opinion.

Has EPA Region 10 considered the implications of other states making the same choice of using 2015 childhood rather than adult exposure values and foregoing RSC? Do you happen to know whether Region 6 is going to make Texas update their criteria with the default RSC value?

Obviously it has implications for us and our approach.

Not a rush for an answer as we plan to talk about RSC in late January/February but I would like a definitive answer nonetheless.

Thanks,

Brock Tabor

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